

An Essay on

Peritonitis

Respectfully Submitted

to the Faculty of the

Homoeopathic Medical College

of

Pennsylvania

on the

Twenty Sixth day of January

Eighteen Hundred ^{and} fifty four.

By

Horace H. Carpenter

of Vermont.

Peritonitis!

Peritonitis is a term, universally used to express an inflammatory state of the serous membrane, which lines the interior of the abdominal cavity, & invests all the viscera contained therein.

This disease commonly assumes the acute form, but may take on the chronic. There is no period of life exempt from its attacks, it may come in a latent state, with hardly any of its characteristic features, but generally presents itself openly, with a group of numerous & well marked symptoms. It is found to afflict the infant, the adult, & the puerperal female, pursuing a similar course in all & yet

it presents a vast variety of phenomena in individual cases, the principal variations, however, are according to the organ whose peritoneal covering is the chief seat of the disease.

Persons of sanguine & plethoric temperaments, are more liable to take on this disease, than those of the opposite—more common in females than males. The infant, in intrauterine life, may be attacked by this disease.

The exciting causes at this period of existence, are very obscure; they may be transmitted from the mother.

Post-mortem appearances of children, who have died a few hours after birth, have revealed the usual effects of peritoneal inflammations, such

as adhesions between the intestines,
false membranous & sero-purulent
effusions into the abdomen, which
results must have been produced,
during the child's abode in utero.
Such cases are very rare, the disease
is more liable to attack the infant
during the period of lactation, than
in intra-uterine life.

Peritonitis, more frequently oc-
curs at adult age, than any other period
of life, & it ^{is} our purpose to consider
acute Peritonitis, in the adult.
Predisposing causes, cannot very
much differ from those of other in-
flammations. A disposition to local deter-
mination of blood, proved by previous
diseases, repeated discharges of

fluid, cold seasons of the year, to great use of intoxicating drinks, living in low damp situations, & frequent excitement of the passions, are properly considered as predisposing causes.

Exciting causes may be divided into three classes, mechanical, chemical, & vital. The mechanical causes include all injuries on the abdomen, whether produced by blows, compression, pressure of the gravid uterus, enlarged ovaries, any morbid ^{growth} in the abdomen; or frequent & violent contractions of the abdominal muscles, during the act of vomiting. Chemical causes include morbid secretions from the peritoneum, or any extravasations, whether of blood, faeces, chyle, bile, or urine.

Vital causes include unhealthy actions of the system, such as the suppression of perspiration of the catamenia, or the lochia, also the transmission of a morbid action from other parts of the system, to the peritoneum or the extension of an inflammation of some other texture, or organ to this membrane.

Symptoms. This disease sometimes commences with a chill, accompanied by a feeling of heaviness in the limbs. Then comes a reaction, more or less heat, & dryness of the skin, pain in the head, frequent, & hard pulse, sensation of heat & pain in the abdomen, & tenderness on pressure. Pain & tenderness on pressure soon become the principal symptoms of

the disease, & not unfrequently the first; which present themselves, not being preceded by any febrile action.

The tongue is covered with a whitish fur, the urine scanty & high colored, the patient has considerable thirst, also nausea & vomiting, at first throwing up undigested food, afterwards mucus, & bile.

Pain, tenderness on pressure, tension, & tumefaction of the abdomen, may be considered as characteristic symptoms of Peritonitis.

At first, the painful spot on the abdomen may be covered with the ends of two fingers, but there is a tendency of the inflammation, to spread over the whole surface of the membrane, except when the disease

is produced by some mechanical cause, when it has a tendency to limit itself to a circumscribed surface.

The patient is obliged to lie on his back, it being exceedingly painful to turn on either side; he generally desires to have his knees slightly elevated. This position relieves the pressure on the inflamed membrane, by relaxing the abdominal muscles, & throwing the weight of the intestines back upon the spine.

Respiration is frequent & small, being produced mostly by the thoracic muscles; the depression of the diaphragm would inflict suffering similar to that caused by pressure on the abdomen, after the first attack

the pulse becomes small & quick, ranging from 120, to 130, & in the worst cases, even as high as 150 or 160 per minute. The artery at the wrist feels as though it were contracted upon itself.

Coughing, sneezing, & the evacuation of the urine, will aggravate the pain.

Even gentle pressure will sometimes inflict a sharp piercing pain as though it were produced by some cutting instrument.

Pressure is our chief criterion for ascertaining the extent, & degree of the inflammation, however we should not place too much confidence in the complaining, & wincing manner of the patient, especially if he be one of an irritable disposition.

afraid of being hurt. The bowels are generally obstinately constipated.

There is a slight contraction of the muscles of the face, mostly of the forehead, caused by the intense pain in the abdomen, the features are decomposed & appear drawn up toward the forehead, which is wrinkled & the nose is pointed." In this disease we rarely ever fail to have effusion of serum & the highest grades of inflammation. We usually have in the worst forms, effusions of false membrane & serum. The phenomena occur as follows - first an inflammation is established, serum is thrown out, later false membrane is effused,

forming a bag over the surface of
the membrane, again the inflammation
runs up to the first degree,
the serum is again thrown out under
the false membrane, & afterwards
false membrane is effused, & thus
this may three or four layers are
formed, each case usually terminated by
death, & post mortem examination is
made sacs of fluid, which is serum
inclosed by false membrane.

The more intense the inflammation,
& the more copious the effusion, the
less intense will be the redness.
Without doubt, in the first stages
of the disease, the redness is well
marked, but unless the disease has
run a somewhat lengthy course,

past morbid appearances, and but slight traces of inflammation, the reason probably is that the later effusions of serum have broken away the false membrane, the peritoneum loses its epithelium, & takes on a "dry lustre" appearance.

In inflammation of the peritoneum, covering the intestines, the effusions take place on the free surface; but if the parietal peritoneum be inflamed, the effusions will be likely to occur on the attached surface, because it is so locally attached. If an abscess be formed here, it may find its opening to the external world.

Peritonitis is generally accompanied

with more pain than any other serious inflammation, except trachitis, yet it sometimes exists free from pain, & from this cause, it may be mistaken for some other disease, even pressure is not always present; cases are on record, where no tenderness existed; even when severe pressure was made it inflicted no pain. In such cases, it may be difficult to form a correct diagnosis at the onset. There is an uneasy feeling about the abdomen with considerable tympanites, pulse becomes frequent, face is flushed.

after a few days the countenance reveals the truth of the case, the face becomes pale, the eyes sunken &c.

The same peculiar expression of the countenance, that has been previously described, which, after seeing once the observing Physician will not fail to recognize.

This disease runs a rapid course, & is marked by a progressive increase of all the symptoms, it generally continues from four, to six days, sometimes runs a much more rapid course, & terminates in twenty or thirty hours, occasionally it is prolonged for fifteen or twenty days; in the latter case it usually terminates in chronic Peritonitis.

The approach of death is marked by cessation of pain, pulse becomes quicker, smaller, & very weak.

the face is sunk, & especially hollow about the orbits, the abdomen becomes more tumid & tense, a regurgitation of liquid in the stomach without apparent effort.

Favorable symptoms, pulse becomes slower & soft, the patient can turn upon his side without pain, pressure upon the abdomen produces little or no pain, disappearance of the nausea & vomiting, also some critical discharge, such as diarrhoea, abundant urine, or copious perspiration, & a return of quiet & refreshing sleep.

Prognosis.- Peritonitis is always attended with considerable danger, but if met in its early stage, by active treatment, with proper remedies,

the disease is generally subdued.
The extent of surface involved, has
chiefly to do with the danger of the disease.
In the later stages the disease is not
easily arrested, especially if the first
stage has been badly treated.

If the patient recover from this dis-
ease, he is liable to bad results from
the extension of the inflammation,
to other organs. Adhesions may have
formed, preventing the regular move-
ments of the intestines, also loops
& bands may have formed about
them, & afterwards contracting pro-
duce strangulation, & thereby produce
the symptoms of hernia. Without any
means of ascertaining the seat of the
the difficulty, the Physician finds

himself perplexed, & the patient dies.
The fallopian tubes may become
adherent to some other organ, &
produce sterility.

Treatment—The old school Physicians
rely mainly on bloodletting, & Opium;
some of late have met with very
good success, with the use of the
latter remedy, given in large doses.
Homoeopathically Aconite in the first
stage of the disease, is the principal
remedy, & has been found requisite to
subdue the disease. Acon. may be fol-
lowed by Bell. if there be a dry hot skin,
flushed face, intense thirst, & occasional
tremor, or Dry. if severe pain in the
the head, breathing considerably affect-
ed &c, provided these remedies are not

contraindicated by other symptoms.
Arsenic is the best remedy, when the
disease is produced by some mechanic-
al cause. Nuxvomica & Mercurious are
very important remedies; the latter
is more particularly adapted for the
advanced stage of the disease. Ars.
is best suited for the worst forms
of the disease, where there is a rapid
sinking of all the vital energies.
Cham., Rhus-tox., Sackesis, Calocynth
& Cantharides, are often indicated, also
other remedies, which are found
useful in Enteritis, should be care-
fully studied, & used when the symp-
toms correspond.